

**Maternal Child Health QI Workgroup  
March 11, 2013 – James B. Henry Center  
Meeting Summary**

Attendance: Representatives from Medicaid Health Plans, Maternal Infant Support Programs (MIHP), Michigan Department of Community Health (MDCH), Local Health Departments (LHD), and the Institute for Health Policy (IHP) (formerly Institute for Health Care Studies (IHCS) were in attendance in person and via conference call.

<b>Topic</b>	<b>Discussion</b>
<b>Welcome and Background Information</b>	<p>Suzette Burkitt-Wesolek, Project Manager QI Programs, Institute for Health Policy (IHP), called the meeting to order, and introduced Sheila Embry, Manager, Quality Improvement and Program Development Section, Michigan Department of Community Health (MDCH). Sheila discussed the agenda and encouraged good dialogue between MHP and LHD partners at lunch.</p> <p>Sheila gave background information and discussed two perspectives of care coordination, focusing on how the health plans often provide insight re: how to operate collaborative efforts regarding coordination. She then introduced Lonnie Barnett, Director, Children's Special Health Care Services Division (MDCH)</p> <p>Lonnie Barnett provided attendees with background information regarding CSHCS. He further discussed the importance of dialogue and collaboration. Currently 13,000 children are enrolled in CSHCS. Key partners were thanked for their work and effort to make the program changes work. He encouraged further discussion of care coordination and case management to identify challenges and best practices.</p>
<b>Case Coordination/Case Studies</b>	<p>Valerie Newton, BSN, MA, Coordinator - Children's Special Health Care Services at Branch-Hillsdale-St. Joseph Community Health Agency presented slides regarding case scenarios. She also discussed staffing descriptions. Scenarios were especially useful regarding Amish and Arabic communities. The two key issues with the health plans have been medication and transportation issues. Trust issues are a key with clients and local health departments and health plans need to collaborate to assist these clients. If health plan is having difficulty reaching these clients, especially the Amish, they should feel free to call the LHD to assist in contacting the family. The LHD mantra is to teach parents independence, not dependence. Valerie also discussed the Bridges Administrative Manual (BAM).</p> <p>Jennifer Wojnar, from Blue Cross Blue Shield Complete, presented how they've collaborated with their local health department in case management of the CSHCS population. She explained how the MHP handles referrals for services to the LHD, and the services the LHDs refer to the health plan, especially for assistance with complex case management services. Encouraged health plans to reach out to local health departments because they're the experts in community resources.</p>

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<b>Discussion of Shared Assessment or collaboration of care plans</b>	<p>Total Health Care gave example of working with Detroit Health Dept. Member had no home, it had been destroyed. Had to develop household from ground up - very intense follow-up. Total and the Detroit Health Department shared collaboration and exchange of information via fax and phone.</p> <p>Van Buran Health Department worked with United Health Care. The case manager called about a new Spanish speaking client. The child had numerous meds - United wanted her to go out to home to see what was going on as mother was very reluctant to discuss services. The LHD took a Spanish speaking worker to the home and found out Mom was doing great. The health department explained services and left pertinent information in case she needed anything in the future. Good sharing of information between the health plan and health department.</p>
<b>Issues/Concerns</b>	<p><b>How dental is handled for the CSHCS population.</b></p> <ul style="list-style-type: none"> <li>• Dental is carved out but if the dental services are for medical problems the health plans will cover.</li> <li>• A good web site to find dentists taking Medicaid is <a href="http://www.smilemichigan.com/">http://www.smilemichigan.com/</a>.</li> <li>• Orthodontics services are not covered by Medicaid; however, they are covered by CSHCS.</li> <li>• Services that are carved out are handled through Fee for Service Medicaid</li> </ul> <p><b>Transportation and Lodging services were discussed.</b></p> <p>LHDs raised the following issues:</p> <ul style="list-style-type: none"> <li>• What is done for emergency needs?</li> <li>• Staff or family is on hold for a long time when requesting or arranging transportation. This is a problem for family especially if they have limited phone minutes.</li> <li>• Other transportation issues reported by clients are they call the vendor, the phone rings and no one answers.</li> <li>• Some vendors want 5 days' notice.</li> <li>• Sometimes the size of car sent for the transportation is wrong</li> <li>• Reimbursement issues were discussed.</li> <li>• Lodging issues were discussed.</li> </ul> <p>MHPs addressed some of the transportation and lodging concerns brought up during the meeting.</p> <ul style="list-style-type: none"> <li>• Priority does client transportation in-house.</li> <li>• One MHP states using a local vendor has worked better for their members.</li> <li>• Vendors must meet QI requirements so if they can't meet these requirements then the MHPs will not contract with them.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Trips to the pharmacy after Dr. visit are considered 3<sup>rd</sup> leg of a trip. Clients need to tell vendor if they need to stop at the pharmacy.</li> <li>• There is no specific mileage radius to lodging. Some HPs set a 50 mile radius before payment. This has not been a part of CSHCS criteria. Kathy Stiffler will discuss this issue at the bimonthly meeting on 3-12-13.</li> <li>• There is a list of hotels approved by HPs that needs to get the LHD so they can let families know.</li> <li>• Refer members back to the MHP for retro denials.</li> <li>• LHDs were encouraged to work with plans regarding lodging and travel issues.</li> </ul> <p><b>Other issues discussed</b> Timing issues of new Medicaid Plans getting referrals in place especially when transitioning from FFS to MHP.</p>
<b>EZ Link</b>	<p>Kathy Stiffler, Director, Managed Care Plan Division, MDCH, spoke of the need for an efficient and compliant way to transfer information. Very resource intensive for the state to connect health plans to EZ Link. The Michigan Association of Health Plans (MAHP) has been able to find resources to pay for this so Medicaid health plans will have access to the needed information. This is voluntary for each MHP. It can't be required by the state unless the state pays for it and it also won't be called EZ Link because they're not paying for it. This is the best solution for this issue due to the need for Bidirectional exchange of information, between MHPs and LHDs.</p>
<b>Issues/concerns to discuss at next meeting</b>	<p>Transportation:</p> <ul style="list-style-type: none"> <li>• emergent need – can't get prior approval (plans working on this)</li> <li>• Sometimes on hold a long time (time, phone minutes, etc)</li> <li>• Transporting Company not answering phone (notified MHP)</li> </ul> <p>Global System problems with Champs and plan not knowing member and no retro authorizations</p> <p>Lodging</p> <ul style="list-style-type: none"> <li>• Success – Clinton worked with McLaren and a family was able to have lodging</li> <li>• List of Approved Hotels from MHP to LHDs</li> </ul>

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<b><i>Topic</i></b>	<b><i>Discussion</i></b>
	Care Transitions from Place to Place – referrals Prior Authorization for prescriptions Renewal Process Who to contact to get a child on CSHCS and/or who to contact until notice of change in CSHCS care manager Avoiding duplication of services
<b>Next Meetings</b>	The next meetings for the Maternal Child Health Workgroup will be at the James B. Henry Center in Lansing, MI. <ul style="list-style-type: none"><li>• Monday, June 10, 2013</li><li>• Monday, September 9, 2013</li><li>• Monday, December 9, 2013</li></ul>